

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

16293

State File No. ....

FILED MAY 18 1943 18

Primary Registration District No. 1003

Registrar's No. ....

1. PLACE OF DEATH:

(a) County .....  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 hours  
(Specify whether  
In this community Life  
years, months or days)

3. (a) PRINT FULL NAME Joseph Killes

3. (b) If veteran, name war No 3. (c) Social Security No. 493-10-8845

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Agnes Killes 6. (c) Age of husband or wife if alive 38 years  
7. Birth date of deceased June 18, 1902  
(Month) (Day) (Year)

8. AGE: Years Months Days 40 10 19 If less than one day  
40 10 19 19 br. min.

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Switchboard operator

11. Industry or business Ashley St. Plant, Sub. 9

12. Name John O. Killes 13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Clara Schroer  
15. Birthplace Grand Tower, Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Agnes Killes  
(b) Address 6006 Pennsylvania Ave.  
17. (a) Burial (b) Date thereof 5 10 43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director Packer-Kelley and Co.  
(b) Address 3634 Gravois Avenue

19. (a) MAY 10 1943 (b) J. F. Brudeck  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County .....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6006 Pennsylvania Ave.  
(If rural, give location)  
(e) Citizen of foreign country? -- (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7  
year 1943 hour 6 minute 20 A. M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....  
that I last saw him ..... alive on ..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death 1st - 2nd degree burns of body in a fire at Sub Station #9 located at Lewis and Due to O Fallon St. Cause undetermined About 1.45 PM May 6 1943. Remains to be examined \$500.00

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 35

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 000  
(b) Date of occurrence May 6 1943  
(c) Where did injury occur? St. Louis  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Industrial

While at work? Yes (Specify type of place) (Specify type of injury)  
23. Signature Monty F. Callahan (M. D. or other)  
Address Deputy Coroner Date signed 5-10-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Robert Crocker*

Licensed Embalmer No.....

*2178*

P. O. Address.....

*and out me*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**